FORM L1-A Reporting For Calendar Year 2009

FEB 1 9 2010

FOR STATE USE ONLY

ANNUAL REPORT OF GOVERNMENTAL AFFAIRS AGENT



NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Website: www.elec.state.pj.us

Amendment
Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:
TTP GOVERNMENT AFFAIRS, INC.
Business 108 W. SIATE STREET
City TRENTON State NT Zip Code 08608
*(Area Code) Telephone Number 609 - 883 - 7481
1. Provide the following information regarding the Governmental Affairs Agent(s) on whose behalf this report is filed.
1. Name PeTCAP 64220
Registration Number 944-1 Occupation or Business 60VT. AFFAIRS AGENT
Business Address SAME AS Above
City State Zip Code
*(Area Code) Telephone Number
2. Name CANISTINE C. SIMON
Registration Number 944-2 Occupation or Business GOVT. AFFAIRS AGENT
Business Address
City State Zip Code
*(Area Code) Telephone Number
3. Name Amy PAPi
Registration Number 9+4-3 Occupation of Business 60 VT. AFFAIRS AGENT
Business Address
City State Zip Code
*(Area Code) Telephone Number
4. Name ALINE M. GUZSO
Registration Number 944-4 Occupation or Business 601/1 AFFAIRS AGENT
Business Address
City State Zip Code
*(Area Code) Telephone Number
5. Noel CLARK - 944-5 GOVT. AFFAIRS AGENT

	DENTITIES DESIGNATING THIS REPORT TO INCLUDE ALL THEIR ACTIVITY Illowing information concerning those Represented Entities who have	
Note: For each	n Represented Entity, Form L-2 must be filed.	
1. Name of Repre	sented Entity CWA-1032	
Business . Address	67 Scotch ROAD	Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City	- WIN &	State NT Zip Code 08628
Type of Business	GovT. (Public) Employers	UNION
2. Name of Repre	sented Entity CONSUMERS FOR CIVIL	
Business _ Address _	108 W. STATE ST.	Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City	TRENTON NJ	State NJ Zip Code 08608
Type of Business	CONSUMER / VICTIM Advoc	ATP
3. Name of Repres	sented Entity N. J. STATE YMCA S	TATE ALLIANCE, INC
Business _ Address _	67 MAPLE STARET	Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City	Summit	State NV Zip Code 0790
Type of Business	NON-PROFIT YMCAA	·
4. Name of Repres	ented Entity NJ AdvisoRy Coun	CIL ON SAFETY & HEALTH
Business _ Address _	661 FRANKLIN' AVE	Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City	NuTley	State NJ Zip Code 07//6
Type of Business	WORKERS CompenSATION	/
5. Name of Repres		Llied Employees (AFT)
Business _ Address _	110 KINDER KAMACK Rd	Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City	EMPRSON	State NJ Zip Code 07630
Type of Business _	Health CARE WORKERS	

Provide the following informa	:S ition concerning other Represer	nted Entites.		
Name of Represented Entity/	UT AMPAKA	ASSN. of C	LNIVERSITY	
	W. STATES		ger Lobbyi	if communication with the neral public ("Grassroots ing") was the only lobbying activity for this entity.
City TRPN	TON		State \int	Zip Code 08608
Type of Business High	nea Ed Fac	uLTY		
2. Name of Represented Entity	Council of		ge Locals	(AFT)
Business		AVe (Check ger Lobbyi	if communication with the neral public ("Grassroots ng") was the only lobbying activity for this entity.
City UNIO	N		State N	Zip Code <u>07083</u>
Type of Business 10 11eg	e UNIVERSITY	FACULTY S	TAFF	
3. Name of Represented Entity		· · · · · · · · · · · · · · · · · · ·	of U. PRO	FESSORS (AFT)
· · · · · · · · · · · · · · · · · · ·	one STREET		. Check gen Lobbyii	if communication with the eral public ("Grassroots ng") was the only lobbying ctivity for this entity.
city New BRU	15WICH		State \(\sqrt{J} \)	Zip Code <u>U890</u>)
Type of Business (U) PAR	/UNIV. FACU	LTY / STAF.		
4. Name of Represented Entity Λ		_	TEACHERS	(AFT)
Business 629 Address	Amboy AV	ę	gen- Lobbyir	f communication with the eral public ("Grassroots og") was the only lobbying ctivity for this entity.
City EDKON				Zip Code 0883 7
Type of Business PAR T- 12	- TRACheAS			·
5. Name of Represented Entity		FRATERNAL	ORder	of Police
Business\08 Address	W. STATE S	TREE T	gene Lobbyin	f communication with the eral public ("Grassroots og") was the only lobbying ctivity for this entity.
City TREAT			State	Zip Code <u>08608</u>
Type of Business A W	1 ENforcem.	eNI		

2. REPRESENTE Provide the f	D ENTITIES DESIGNATIN ollowing information co	G THIS REPORT TO INCLUDE AL Incerning those Represented E	L THEIR ACTIVITY ntities who have desi	ignated thi	s report to include their activity.
Note: For eac	ch Represented Entity, F	orm L-2 must be filed.			
Name of Repr	esented Entity	NSERVCO			
Business Address		BRUNSWICK	Pike		Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City	AWRENCE VI	 e		State N	J Zip Code 08648
Type of Business		<u> </u>			
2. Name of Repr	esented Entity	BeNTON /	4CA		
Business Address	431	emmination !) <u>n.f.</u>		Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City	Rento			state 4	Zip Code Offic
Type of Business	· - \	→			
Name of Repr	/ esented Entity	PROfessional F	EIREFIANTE	AS A	ISSN. of ALL
Business Address	24 W	LAFAYETTE	Ave		Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City	TRENTON		5	state \(\int_{\int}\)	Zip Code <i>08608</i>
Type of Business	FIRE	FIGHTERS			·
Name of Repre		U			
Business Address				_	Check if communication with the general public ("Grassroots Lobbying") was the only lobbying activity for this entity.
City			S	tate	Zip Code
Type of Business			,		
S Name of Repre	esented Entity				
Business Address					Check if communication with the general public ("Grassroots obbying") was the only lobbying activity for this entity.
City			Si	tate	Zip Code
Type of Business					
New Joseph Flortion 1	w Enforcement Commission	Page 2 of			Form L1-A Revised Nov. 2007

SCHEDULE A
1. Did any Governmental Affairs Agent named in this Annual Report serve as a member of:
> any independent State authority;
> any county improvement authority;
> any municipal utilities authority;
➤ any inter-State or bi-State authority as a member from New Jersey; or,
any board or commission established by statute or resolution, or by executive order of the Governor, or by the Legislature, or by any Agency, Department or other instrumentality of the State?
No If "no," continue on to the next question. Yes If "yes," please provide the following information:
Name of Governmental Affairs Agent
Name of Authority, Board, or Commission
Date When Term of Service Expires
NI'
Name of Governmental Affairs Agent
Name of Authority, Board, or Commission
Date When Term of Service Expires
Name of Governmental Affairs Agent
Name of Authority, Board, or Commission
Date When Term of Service Expires
Name of Governmental Affairs Agent
Name of Authority, Board, or Commission
Date When Term of Service Expires
2. Did all Governmental Affairs Agent(s) named in this Annual Report file all Notices of Representation and Quarterly Reports required during the calendar year covered by this Annual Report?
Yes If "yes," continue on to Schedule B. No If "no," please file the necessary reports immediately.

SCHEDULE B - SALARY & COMPENSATION	
PURPOSE: To report the salary and compensation paid to the Governmental Affairs Agents on who include the reimbursement of an Agent's expenses in amounts reported.	ose behalf this report is filed.
NOTE: Only the pro rata share of each Governmental Affairs Agent's salary and compensation need spends only a portion of his/her time on lobbying activity.	to be included if the Agent
NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
CHRISTING SIMON (GO COPLEY ASSOCIATES) ALING GUZZO	s 15,300 -
ALINE GUZZO	24,350 -
· · · · · · · · · · · · · · · · · · ·	
·	
SCHEDINE R TOTAL	s 39,650 -
SCHEDULE D IVIAL	\$ 3 1, 0 20
SCHEDULE C - SUPPORT PERSONNEL	
PURPOSE: To report the costs of support personnel who, over the course of the reporting year, individuals hours supporting the activities of the Governmental Affairs Agent(s).	vidually spend 450 or more
After determining to which person(s) this applies, report the pro rata share of those costs	s which are attributable to

NO SCHEDULE D FOR GOVERNMENTAL AFFAIRS AGENTS

supporting the activities of the Governmental Affairs Agent(s) in influencing legislation, regulations, governmental

SCHEDULE C TOTAL \$

processes, or communicating with the general public.

SCHEDULE E - COMMUNICATION EXPENSES		
PURPOSE: To report the costs of the preparation and distribution of materials related to influencing legisla governmental processes, and conducting communications with the general public.	ition, re	egulations,
EXPENSE		AMOUNT
Printed Materials	\$	
Film, Slides, Video, Audio, TV, Radio, Other Broadcast Medium, including the Internet		
Postage		
Telephone, Telegram, Facsimile		
Pro Rata Overhead Costs of Specific Events Over \$100 (please identify name and date of event)		
	-	
	+-	
Other (please describe):		
·		
		.
SCHEDULE E TOTAL \$		
SCHEDULE F - TRAVEL/LODGING PURPOSE: To report the travel and lodging costs of the Governmental Affairs Agents on whose behalf this rejinfluencing legislation, regulations, governmental processes, or communicating with the general		·
NAME OF GOVERNMENTAL AFFAIRS AGENT		AMOUNT
	\$	()
SCHEDULE F TOTAL \$		()

SCHEDULE G-1

ITEMIZATION OF BENEFITS WHICH EXCEEDED \$25 PER DAY OR \$200 PER CALENDAR YEAR TO STATE OFFICIALS AND THEIR IMMEDIATE FAMILY MEMBERS

PURPOSE: To report detailed information concerning benefits passed to State officials covered by the Act, as well as the immediate family members of these officials. If the value of a benefit exceeded \$25 per day or \$200 per calendar year, report below.

(Select one description item for each entry from the drop down list. When selecting "O - Other", enter a description in the space provided.)

Name of Benefit Rec	ipient	·		_
Date			Amount S	;
Name and Address of Name	· \ /	/) 		
Address				
City		State	Zip Code	
If benefit was reimb Date	ursed, please report the date, the descrip	tion, and the amoun	t of the reimbursement.	
Description				· -
Name of Benefit Rec	ipient			
Date				
Name and Address of Name	of Payee/Vendor			
City		· State	Zip Code	
	irsed, please report the date, the descript			
Description				
Name of Benefit Reci	pient			
Date				
Name and Address o Name				
Addross				
City			Zip Code	
If benefit was reimbu Date	rsed, please report the date, the descript Amount \$	ion, and the amount		
Description				
Name of Benefit Recip	pient			
Date			Amount \$	
Name and Address of Name				
City			Zip Code	
If benefit was reimbur Date	rsed, please report the date, the descripti	on, and the amount	of the reimbursement.	
Description				

SUMMA	ARY C	F RFN	IFFIT I	PASSING
30111111				

PURPOSE: To report	SUN t the total amount of providing	IMAKY OF BENEF benefits to State offici		ir immediate family members.
		SCHEDULE G-1*		
Entertainment	\$_		+\$	= \$
Food and Beverage	_		+	=
Travel	_		+	=
Lodging	_		+	=
Honoraria	-		+	=
Loans			+	=
Gifts	-		+	=
Other (specify)			+	=
Total	\$ _		+\$	= \$
				SCHEDULE G-1 AND SCHEDULE G-2 TOTAL
** Enter, by category, t	entries on Schedule G-1, provide he value of benefit passing whe	re the expenditure dic	I NOT exceed the \$25/day or \$	200/calendar year thresholds.
	AMOUNT FROM BENEFIT PAS		\$	
	SUMMAR	Y OF LOBBYING E	XPENDITURES	
EXPENDITURES			·	
1. Sala	ary and Compensation		Schedule B Total	s <u>39,650</u>
2. Sup	port Personnel		Schedule C Total	
3. Con	nmunication Expenses		Schedule E Total	
4. Trav	vel and Lodging		Schedule F Total	

Total Lobbying Expenditures

Schedule G-1 and Schedule G-2 Total

5. Benefit Passing

RECEIPTS TABLE

PURPOSE: To report all fees, retainers, allowances, reimbursement of expenses, or other compensation received from Represented Entities for the purpose of influencing legislation, regulations, governmental processes, or communicating with the general public.

NOTE: Report only the pro rata share of each receipt which is related to influencing legislation, regulations, governmental processes, or communicating with the general public.

1. CONSUMERS FOR CIVIL JUSTICE \$30,000 - 2. CWA-1032 21,912 3. NJ STATE YMCA AllIANCE 30,000 4. NJ AJUISORY COUNCIL ON SAFETY HEALTH 24,000 - 5. NJ STATE CUNTERENCE, AMERICAN ASSN. of U. PROFESSORS 24,000 6. NJ STATE FRATERNAL ORDER of Police 30,000 7. INSERVCO 24,000
2 CWA-1032 3. NJ STATE YMCA AlliANCE 30,000 4. NJ ADVISORY COUNCIL ON SAFETY HEALTH 24,000 5. NJ STATE CUNTERENCE, AMERICAN ASSN. of a Professors 24,000 6. NJ STATE FRATERNAL ORDER of Police 30,000 7. INSERVCO 21,912 30,000 24,000
30,000 NJ STATE YMCA AllIANCE 30,000 NJ ADVISORY COUNCIL ON SAFETY HEALTH 24,000 NJ STATE CUNFERENCE, AMERICAN ASSN of a. PROFESSIAS 24,000 NJ STATE FRATERNAL ORDER of POLICE 30,000 TN SERVCO 24,000
4. NJ Advisory Council ON SAFETY HEALTH 24,000 - 5. NJ STATE CUNTERENCE, AMERICAN ASSN of a. Professors 24,000 - 6. NJ STATE FRATERNAL ORDER of Police 30,000 - 7. INSERVED 24,000 -
5. NJ STATE CUNTERENCE, AMERICAN ASSN of a. PROFESSAS 24,000 6. NJ STATE FRATERNAL ORDER of POLICE 30,000 7. INSERVCO 24,000
6. NJ STATE FRATERNAL ORDER of POLICE 30,000 7. INSERVCO 24,000
7. INSPRUCO 24,000
8. PROFESSIONAL FIREFIGHTERS ASSN. OF NJ 6,000
8. PROFESSIONAL FIRETIGHTERS ASSN. OF NJ 6,000 9. AFT NEW TERSEY 87.996
10. (a) HEALTH PROFESSIONALS & Allied Employees
11. (b) COUNCIL of STATE College LUCALS
11. (b) COUNCIL of STATE College LUCALS 12. (c) STATE FROMATION OF N.J.
13. (d) Rutgels Univ. AAUP/AFT
14.
15.
16.
17.
18.

TOTAL RECEIPTS \$ 277,90800

CERTIFICATION

This certification shall be signed by either the Governmental Affairs Agent filing this Annual Report on his/her own behalf, or by the Managing or Principal Partner or Chief Executive Officer of the Governmental Affairs Agent Firm.
1. Peter P. Quzzu (print name)
hereby certify that I am duly authorized by
TTP GOVERNMENT RELATIONS, INC. (print name of firm)
to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year I certify that the statements made herein are true and accurate. I am aware that if any of the foregoing statements are willfully false, I may be subject to punishment.
Pittes P. Quyst 2/18/10 Signature Date
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